|   | PAILIT   | Effe                                      | ctive Octo    |                                      |              | ION RECC                                | OKU            | l           | OZ C                  | 00      | 274                 |  |
|---|--|---|---------------|--------------------------------------|--------------|---|----------------|-------------|-----------------------|---------|---------------------|--|
|   |  | SMALL ENTITY OTHER THAI                   |               |                                      |              |   |                |             |                       |         |                     |  |
| TOTAL CLAIMS  |  |   | (Column 1)    |                                      | (Column 2)   |   |                | RATE        |                       | 7<br>7  | RATE                | FEE  |
| FOR   |  |   | NUMBER FILED  |                                      | NUMBER EXTRA |   | BASIC          | _           | 385.00                | 1_      |                     | <del></del>                                      |
| TOTAL CHARGEABLE CLAIMS   |  |   |               |                                      | . 0          |   |                | <u> </u>    |                       | OR      | DASIC FE            | 770.00   |
|   |  |   | %' minus 20=  |                                      | • 0          |   | XS S           | =           |                       | OR      | X\$18=              | <u> </u>   |
| INDEPENDENT CLAIMS  |  |   | minus 3 =     |                                      |              | 0                                       |                | X43=        |                       | OR      | X86=                | 1  |
| L   | JLTIPLE DEPE                                   | NDENT CLAIM F                             | PRESENT       |                                      |              |   | +145=          |             |                       | OR      | +290=               |  |
| * If the difference in column 1 is less than zero, enter                              |  |   |               |                                      |              | column 2                                | TOTA           | Ţ           |                       | OR      | TOTAL               | 750  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                          |  |   |               |                                      |              | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                |             |                       |         |                     |  |
| Г   | CLAIMS   |   |               | HIGH                                 | ST           | 1                                       | 7              | ADDI-       | <b>1</b>              |         | ADDI-               |  |
| ENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |               | NUMB<br>PREVIO<br>PAID F             |              | PRESENT                                 | RATE           |             | TIONAL<br>FEE         |         | RATE                | TIONAL   |
| <b>AMENDMENT A</b>  | Total  | . (                                       | Minus         | ] 2                                  | 0            | - /                                     | X\$ 9:         | .           |                       | OR      | X\$18=              |  |
|   | Independent                                    | •   | Minus         | ***                                  | 3            | =                                       | X43=           | T           |                       | OR      | X86=                | /  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                      |              |   | +145=          |             |                       | OR      | +290=               |  |
|   |  |   |               |                                      |              |   | TOT.           |             |                       | OR      | TOTAL<br>ADDIT, FEE | <del>                                     </del> |
|   | •  | (Column 1)                                |               | (Colum                               | ın 2)        | (Column 3)                              | ADDII. FE      | :E <u>L</u> |                       | , ,     | AUUII. FEE          | نــــــن   |
| 8   |  | CLAIMS<br>REMAINING                       |               | HIGHE                                | ST           | PRESENT                                 |                | T           | ADDI-                 | 1       |                     | ADDI-  |
| ENT   |  | AFTER AMENDMENT                           |               | PREVIO                               | USLY         | EXTRA                                   | RATE           | ľ           | FEE                   |         | RATE                | TIONAL<br>FEE                                    |
| AMENDMENT B   | Total  | *   | Minus         | **                                   |              | =                                       | X\$ 9=         |             |                       | OR      | X\$18=              |  |
| VME   | Independent                                    | *   | Minus         | ***                                  |              | = .                                     | X43=           | †           | •                     |         | · X86=              |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI  |   |               |                                      |              |   |                | ╁           |                       | OR      |                     |  |
|   |  |   |               |                                      |              |   |                |             |                       | OR      | +290=               |  |
|   |  |   |               |                                      |              |   |                | EL          |                       | OR ,    | TOTAL<br>ODIT. FEE  |  |
| -   |  | •   | • •           |                                      |              |   | •              |             |                       |         |                     |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | •             | HIGHE<br>NUMBE<br>PREVIOU<br>PAID FO | ER<br>JSLY   | PRESENT<br>EXTRA                        | RATE           |             | ADDI-<br>IONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|   | Total  | *   | Minus         | **                                   |              | <b>=</b>                                | X\$ 9=         |             |                       | OR      | X\$18=              |  |
| \$  | Independent                                    | *   | Minus         | ***                                  |              | =                                       | X43=           | T           |                       |         | X86=                |  |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                      |              |   |                | 十           |                       | OR      |                     |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |               |                                      |              |   | +145=          | L           |                       | OR      | +290=               |  |
| ** #  | the "Highest Nun<br>the "Highest Nur           | TOTAL<br>ADDIT. FEE                       |               |                                      | OR A         | TOTAL<br>DDIT. FEE                      |                |             |                       |         |                     |  |
| ·Ť  | he 'Highest Num                                | ber Previously Paid                       | For (Total or | Independent                          | l) is the    | highest number (                        | lound in the a | ppro        | priate box            | in colu | mn 1,               |  |
| RM  | PTO-875 (Rev. 10)                              | 03)                                       |               |                                      |              |   | atent and Trad | emairi      | k Office, U.S         | . DEPAI | RTMENT OF           | COMMERCE   |

Application or Docket Number